

General

Title

Parkinson's disease: percentage of visits for patients with a diagnosis of Parkinson's disease where patients (or caregiver[s], as appropriate) were queried about falls.

Source(s)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Tonn S, Swain-Eng R, Factor SA, Weiner WJ, Bever CT Jr, American Academy of Neurology Parkinson Disease Measure Development Panel. Quality improvement in neurology: AAN Parkinson disease quality measures: report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Nov 30;75(22):2021-7. [PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of visits for patients with a diagnosis of Parkinson's disease where patients (or caregiver[s], as appropriate) were queried about falls.

Rationale

Falls represent a significant risk for injury and can lead to real emergencies (head injury, hip fracture, etc.). Eighty percent of falls in Parkinson's disease (PD) patients are due to freezing and postural instability. After 8 years of PD, 46% of patients fall at least once and 33% are recurrent fallers. Beyond 8 years of disease, 70% fall at least once and 50% are recurrent fallers. In one study that controlled for

age, gender, severity of disease, and number of falls in previous years, 46% fell over a 3-month period and 21% of these were new fallers. Approximately 25% of falls result in injury. The most important risk factor for falling is a prior fall. Assessing patients regularly for falls could allow for preventative measures, including physical therapy, medication adjustments, and use of assistive devices such as canes and walkers. Prevention of falls could have a large impact on morbidity and mortality as well as health care costs.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Determining the presence of the following clinical features in early stages of disease should be considered to distinguish PD from other parkinsonian syndromes: 1) falls at presentation and early in the disease course, 2) poor response to levodopa, 3) symmetry at onset, 4) rapid progression (to Hoehn and Yahr stage 3 in 3 years), 5) lack of tremor, and 6) dysautonomia (urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, persistent erectile failure, or symptomatic orthostatic hypotension). (Level B) (AAN QSS PD, Apr 2006)

All veterans with PD should have documentation that they were asked at least annually about the occurrence of falls. (Cheng #10, 2004) (Annual assessment about falls)

Evidence for Rationale

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Balash Y, Peretz C, Leibovich G, Herman T, Hausdorff JM, Giladi N. Falls in outpatients with Parkinson's disease: frequency, impact and identifying factors. J Neurol. 2005 Nov;252(11):1310-5. [PubMed](#)

Bloem BR, Hausdorff JM, Visser JE, Giladi N. Falls and freezing of gait in Parkinson's disease: a review of two interconnected, episodic phenomena. Mov Disord. 2004 Aug;19(8):871-84. [119 references] [PubMed](#)

Cheng EM, Siderowf A, Swartrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. Mov Disord. 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Grimbergen YA, Munneke M, Bloem BR. Falls in Parkinson's disease. Curr Opin Neurol. 2004 Aug;17(4):405-15. [74 references] [PubMed](#)

Michalowska M, Fiszer U, Krygowska-Wajs A, Owczarek K. Falls in Parkinson's disease. Causes and impact on patients' quality of life. Funct Neurol. 2005 Oct-Dec;20(4):163-8. [PubMed](#)

Suchowersky O, Reich S, Perlmuter J, Zesiewicz T, Gronseth G, Weiner WJ, Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter: diagnosis and prognosis of new onset Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2006 Apr 11;66(7):968-75. [47 references] [PubMed](#)

Primary Health Components

Parkinson's disease; querying of patient/caregiver; falls

Denominator Description

All visits for patients with a diagnosis of Parkinson's disease (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patient visits with patient (or caregiver[s], as appropriate) queried about falls (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

At least once per year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All visits for patients with a diagnosis of Parkinson's disease

Exclusions

Documentation of medical reason for not querying a patient (or caregiver[s], as appropriate) about falls (e.g., patient is unable to respond and no informant is available)

Note: Refer to the original measure documentation for administrative codes.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patient visits with patient (or caregiver[s], as appropriate) queried about falls

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

Numerator Search Strategy

Encounter

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #6: querying about falls.

Measure Collection Name

Parkinson's Disease Physician Performance Measurement Set

Submitter

American Academy of Neurology - Medical Specialty Society

Developer

American Academy of Neurology - Medical Specialty Society

Funding Source(s)

American Academy of Neurology

Composition of the Group that Developed the Measure

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National Parkinson Foundation: Joyce Oberdorf, MA

Parkinson's Disease Foundation: Jim Beck, PhD

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American Academy of Neurology: Lisa Shulman, MD, FAAN; Sotirios A. Parashos, MD, PhD; Helen Bronte-Stewart, MD, FAAN; Janis Miyasaki, MD, FAAN; Marian Evatt, MD

American Association of Neurosurgeons/Congress of Neurological Surgeons: Karl Sillay, MD

American Neurological Association: Blair Ford, MD, FAAN

American Psychological Association: Paul Moberg, PhD, ABPP/CN

American Psychiatric Association: Laura Marsh, MD

Movement Disorder Society: Daniel Tarsy, MD, FAAN

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Methodologist: Rebecca Kresowik

American Academy of Neurology Staff: Rebecca Swain-Eng, MS; Sarah Tonn, MPH

Financial Disclosures/Other Potential Conflicts of Interest

Dr. Cheng serves as a consultant for the National Parkinson Foundation and receives research support from the NIH/NINDS (K23NS058571 [PI]), the VA Parkinson's Disease Research, Education, and Clinical Center, the Department of Veterans Affairs, the California Office of Statewide Planning and Development, the National Multiple Sclerosis Society, and the American Heart Association.

Ms. Tonn is a full-time employee of the American Academy of Neurology (AAN) and served as project director for AAN grants from Pfizer Inc. and the CDC.

Ms. Swain-Eng is a full-time employee of the AAN.

Dr. Factor has served on scientific advisory boards for Lundbeck Inc., Allergan, Inc., and UCB; serves as a section editor for *Current Treatment Options in Neurology*; receives royalties from the publication of *Parkinson's Disease Diagnosis and Clinical Management* (Demos, 2008) and *Drug Induced Movement Disorders* (Blackwell Futura, 2005); has given expert testimony, prepared affidavits, and served as a consultant for Boehringer Ingelheim; and receives research support from Teva Pharmaceutical Industries Ltd., Ipsen, UCB, and Schering-Plough Corp.

Dr. Weiner has served on scientific advisory boards for Santhera Pharmaceuticals and Rexahn Pharmaceuticals, Inc.; serves on the editorial boards of *Parkinsonism and Related Disorders* and *Neurological Reviews*, and as Editor of *Treatment Options in Neurology*; receives royalties from the

publication of *Neurology for the Non-Neurologist* (6th edition, Kluwer/Lippincott 2010), *Parkinson's Disease: A Complete Guide for Patients and Family* (Hopkins University Press 2nd edition, 2007), and *Handbook of Clinical Neurology Hyperkinetic Disorders* (Elsevier, 2011); has received honoraria from Santhera Pharmaceuticals and Novartis; has received research support from Novartis, Santhera Pharmaceuticals, Boehringer Ingelheim, and has provided expert testimony and served as a subject matter expert in legal proceedings.

Dr. Bever serves on the editorial board of the *MS Quarterly Report*; is listed as a co-inventor on and receives royalties from Abraxis BioScience, Inc. for a pending patent regarding use of hematogenous stem cells in neuronal replacement therapy and gene delivery; receives royalties from the publication of *Ambulatory Medicine* (Lippincott Williams & Wilkins, 7th edition, 2006); and has received research support from the Department of Veterans Affairs and the National MS Society.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Dec

Measure Maintenance

This measurement set will be revised periodically with an extensive review every 3 years.

Date of Next Anticipated Revision

2012 Dec

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source available from the [American Academy of Neurology \(AAN\) Web site](#) .

For more information, contact AAN at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: www.aan.com .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 16, 2011. The information was verified by the measure developer on January 30, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.

Copyright Statement

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Production

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